IMPACT Plus Therapeutic Child Support, Paraprofessional New Employee/Contract Screening Form

Applicant Nam	ne:	Applicant Social Security Number:		
Subprovider N	ame:	Applicant Date of Birth:		
Supervisor's N	ame & Credent	als (who will provide w	eekly face-to-face supervision):	
Region(s) this a	applicant will be	working:		
		nformation related to educate or general equivalency		
			pervised experience working with inge 21 in a human service program o	
			hildren under age 21 in a human ser	
Begin Date	End Date	Place of employ		Number of hours worked
(month/ year)	(month/ year)	Name of College/	University Title	and/or credits earned
		otal # of hours		
			worked/credits	earned =
□ Current D □ Current A	canscript(s), if appeartment for Conditional Conditions of the Condition o			
related to this documentation: In addition, we	applicant has be submitted have b understand this a proval" status before	en reviewed for the Theen verified and the unde applicant must be review ore the delivery of IMPA	erapeutic Child Support, Paraprofessi rsigned attest to it's accuracy. ed by the IMPACT Plus Credentialing CT Plus services can be considered for	
		Name	Position	Date
Applicant's Sig	nature	Name	Position	Date